

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/597936

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	5			1		
5	10			1		
6	0			1		
7	1		1			
8	1		1			
9	2			1		
10	10		1			
11	1		1			
12	1		1			
13	2		1			
14	1		1			
15						
16	2		1			
17	0		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	2		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
32	2		1			
33	10		1			
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41			1			
42			1			
43			1			
44			1			
45			1			
46						
47						
48						
49						
50						
TOTAL IND.		13		13		
TOTAL DEP.	←	33	←	33	←	
TOTAL CLAIMS		45				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.	←		↓		↓	
TOTAL CLAIMS		45				